



63, 902 MEDICAL CO-PAY OWED: .00
FEDERAL COURT FEE OWED: .00
TEXAS COURT FEE/CHARGE OWED: .00

TESTIMI

LOCATION: DORM H
UNIT: H

NAME: SOFFER, CLYDE EUGENE
ACCOUNT
NUMBER: 00444590

DATE: 06/30/17

INDIGENT SUP. OWED: .00 OTHER HOLD AMOUNT .00

BEGINNING BALANCE: .00

ITEM/DESCRIPTION
WITHDRAWALS
DEPOSITS
BALANCE

AB 000000 0000052	POSTAGE	.00	.00	.00
CM 000000 0000049	POSTAGE	.00	.00	.00
CM 000000 0000049	POSTAGE	.00	.00	.00